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## BIB DATA SHEET

CONFIRMATION NO. 1369

<b>SERIAL NUMBER</b> 10/616,323	<b>FILING or 371(c) DATE</b> 07/09/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> MBHB 03-411-A		
<b>APPLICANTS</b> Laurence A. Cole, Albuquerque, NM; /PR/ <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/418,128 10/10/2002 /PR/ <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/03/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PETER J REDDIG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> <del>45</del> <sup>13</sup>	<b>INDEPENDENT CLAIMS</b> <del>8</del> <sup>2</sup>
<b>ADDRESS</b> COLEMAN SUDOL SAPONE, P.C. 714 Colorado Avenue Bridgeport, CT 06605-1601 UNITED STATES						
<b>TITLE</b> Hyperglycosylated hCG (invasive trophoblast antigen) in differential diagnosis of malignant or invasive trophoblastic disease						
<b>FILING FEE RECEIVED</b> 791	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			